

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2004-05**

**Agency:** J20 - Department of Alcohol & Other Drug Abuse  
 Services

**Functional Group:** Health

**1034 Chemical Dependency Service Accountability**

The department seeks, secures, manages and distributes federal and state block grants and other funding for the delivery of alcohol and other drug (AOD) abuse services to South Carolinians. Activities include strategic planning; developing, managing and ensuring standards for provider accountability; budget oversight; providing technical assistance on all elements of provider operations and customer support; setting administrative and clinical standards for quality assurance; providing uniform contract management; developing and implementing program and administrative policies; evaluating service provision; ensuring federal mandates are met; identifying best practices; acting as the "point" for service collaboration and coordination, and workforce development; information system management, research and evaluation; providing prior authorization of Medicaid-eligible AOD services; and identifying alternative funding streams through grant acquisition. (US PL 91-616 and 92-255 / SC Code Section 44-49-10 et.seq. / SC Code 61-12-10 et.seq.)

FY 2004-05					
Total	General Funds	Federal Funds	FM	Other Funds	FTEs
\$1,473,707	\$257,783	\$724,544	No	\$491,380	14.50

**Expected Results:**

Improvement in the effectiveness of prevention, intervention and treatment programs to ensure positive outcomes for AOD abuse clients. Sustainable Recovery is the overarching expected result. Providers must meet contract objectives (industry standard) that include: 1) 75% of clients must receive an assessment within two working days of intake; 2) 50% of clients must receive a qualifying service within six working days of assessment; Providers must also meet requirements in the following areas: maintenance of CARF accreditation (industry standard); development and adherence to County Strategic Plans (state benchmark); maintenance of ADSAP certification (state benchmark); meeting Coordinated County Review Indicators (state benchmark). DAODAS to meet set-aside requirements (federal benchmark).

**Outcome Measures:**

Providers surpassed contract assessment requirement of 50% (2002) and 75% (2003), achieving 75.5% in 2002 and 79.5% in 2003; Providers exceeded contract service requirement of 25% (2002) and 50% (2003), achieving 46.4% in 2002 and 52.3% in 2003 (2004 nos. due in September); 100% Maintained CARF Accreditation since implementation in 1997; 100% Maintained ADSAP Certification; 100% Submit County Plans annually; CCR Indicator Compliance - Goal of 90% surpassed each year 2001 (93%), 2002 (96.8%) and 2003 (91%). DAODAS has met 100% of set-aside requirement in each federal block grant year 1999-2004. No industry standard cost benchmark identified (see note). SC Unit Cost: \$30.18 as based on numbers served and total expended.

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**1035 Chemical Dependency Community-Based Prevention Services**

The major goal of prevention and education services is to reduce the risk of the development of problems related to the use of alcohol, tobacco and other drugs (ATODs) among the general public and specific high-risk groups. Services are implemented

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in communities and schools throughout South Carolina. Six strategies are utilized and include information dissemination, education, alternatives, problem identification and referral, community based processes and environmental strategies. (Key Customers – Citizen-Clients and their Family Members, stratified into the following populations: women, children and adolescents, and adults; Community Coalitions, and high risk target groups) (US PL 91-616 and 92-255) (SC Code Section 44-49-40 and Section 44-49-80)

FY 2004-05					
Total	General Funds	Federal Funds	FM	Other Funds	FTEs
\$9,476,286	\$102,144	\$8,266,660	Yes	\$1,107,482	9.55

**Expected Results:**

Use of evidence-based approaches to prevent or reduce the misuse, use and abuse of alcohol, tobacco and other drugs. DAODAS Standard Survey focuses on core measures and include measuring 30-day alcohol use; 30-day tobacco use, 30-day marijuana use, favorable attitudes toward ATOD use, perceived risk/harm of ATOD use, perceived peer attitudes towards ATOD use, perceived parental attitudes towards ATOD use, and decision-making. Increase Evidence-Based Programming. These are state benchmarks developed by South Carolina and based on federal guidelines. Meet Federal Synar requirement of Reducing Youth Access to Tobacco.

**Outcome Measures:**

State Benchmark results will be available in FY05. Federal law requires states to conduct annual, random, unannounced inspections of a statewide sample of tobacco vendors to assess their compliance with the state law (§17-17-500) that prohibits retailers from selling tobacco products to minors. Continuing a steady decline in this rate, the department documented a purchase rate of 11.7% in 2004. This is well below the 20 percent federal requirement (Federal Benchmark). The agency has agreed to attempt to lower the rate to 10% (Governor's Goals Benchmark). No industry standard cost benchmark identified (see note). SC Unit Cost: \$33.84 as based on total numbers served and total expended.

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**Functional Group:** Health

**1036 Chemical Dependency Community-Based Intervention Services**

Intervention services work to identify, at an early stage, individuals who are at risk of experiencing specific problems caused by their use of alcohol, tobacco and other drugs. Following their identification through self-referral, the school system, the criminal justice system, the workplace or other social systems, individuals are referred to specific intervention programs for education and treatment services as appropriate. The Alcohol and Drug Safety Action Program (ADSAP), the state's program for individuals charged with or convicted under the state's laws related to boating or driving under the influence, is the most recognizable intervention program. (Key Customers – Self-Referred Consumers; Incarcerated/Paroled Individuals; Juvenile Justice Detainees/Parolees; ADSAP Clients) (US PL 91-616 and 92-255) (SC Code Section 56-5-2990)

FY 2004-05					
Total	General Funds	Federal Funds	FM	Other Funds	FTEs
\$1,272,603	\$55,951	\$1,168,356	No	\$48,296	2.40

**Expected Results:**

Reduction in risk of using alcohol and other drugs. Reduction in DUI Risk. Change in client attitudes and

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behaviors that lead them to refrain from use, refrain from abuse and reduce harm. Sustainable Recovery is the overarching expected result. Specific client outcome data include a reduction in: 1) percentage of former clients using alcohol in the past 30 days; 2) percentage of former clients using alcohol to intoxication in the past 30 days; 3) percentage of clients using illegal drugs in the past 30 days; 4) percentage of former clients using tobacco in the past 30 days; 5) percentage of former clients using outpatient health care in the past 30 days; 6) percentage of former clients unemployed or not employed in the past 30 days; 7) percentage of former clients with dependent living arrangements or who are homeless; 8) percentage of former clients using emergency room care in the past 30 days; 9) percentage of former clients using outpatient health care for medical or emotional problems in the past 30 days; 10) percentage of former clients using emergency-room care for medical, emotional or AOD

problems in the past 30 days; 11) percentage of former clients arrested on any charge in the past 30 days; and 12) percentage of student clients suspended, expelled or in detention in the past 30 days. Federal Benchmarks.

### Outcome Measures:

72% of surveyed clients report no alcohol use from admission to discharge to 60 days post discharge from services, an increase of 36.9%. Nationally, only 30-60% report continuous abstinence (ASAM Benchmark); 93.1% of surveyed clients report no use of alcohol to the point of intoxication from admission to 60 days post discharge, an increase of 31.1%; 76% of client surveyed report that they are gainfully employed from admission to discharge, an increase of 4.3%; 91.7% of students surveyed report a reduction in suspensions, expulsions or detention from admission to 6 days post discharge, an increase of 14.5%. Trends show that intervention and treatment services detail that clients are successful in recovery efforts by reducing AOD use, finding or staying in employment, and staying in school. Reasonable Cost Benchmark: \$200-\$1200. SC Cost: \$157.13. (See note.)

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### 1037 Chemical Dependency Community-Based Treatment Services

Treatment services are designed to improve the lives of individuals and families affected by substance abuse through the provision of individualized care to reduce the health and human service costs, as well as the economic cost, to our communities and state. Multiple treatment modalities are available to accommodate entry into services and progression along a continuum of care. Specific AOD services involve various levels of care ranging from outpatient treatment, which is available in every county, to higher levels of specialized treatment services, such as detoxification, adolescent inpatient treatment and/or various residential services. Specialized services are available on a county, regional and statewide basis. These include specialized services for women and children that are provided through five long-term residential treatment programs and one long-term transitional housing program; services for adolescents; and services for incarcerated and paroled individuals. (Key Customers - All Customers Identified Above Who Are in Need of Any Level of Treatment) (US PL 91-616 and 92-255) (SC Code Section 44-49-60 and 44-49-80).

FY 2004-05					
Total	General Funds	Federal Funds	FM	Other Funds	FTEs
\$24,350,536	\$5,244,764	\$17,642,266	Yes	\$1,463,506	5.40

### Expected Results:

Sustainable Recovery. Reduce use, reduce abuse and reduce harm. See specific outcome requirements listed

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under Intervention Services above, as are benchmarks.

### Outcome Measures:

The outcomes for "Chemical Dependency Community-Based Treatment Services" are the same as those listed for "Chemical Dependency Community-Based Intervention Services", as are quality benchmarks. Reasonable Cost Benchmark: \$1000-\$5000; SC Cost: \$1168.21. (See note.)

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### 1038 Direct Chemical Dependency Services

DAODAS provides direct services to two client populations: adolescents and healthcare professionals. The department's Bridge program assists adolescents as they transfer from institutional settings (juvenile justice or inpatient treatment) to community settings by offering a comprehensive array of specialized services, including family-based services, case management and attention to primary healthcare needs. Addicted healthcare professionals are assisted through the Recovering Professional Program, a joint venture with LLR that refers individuals who have lost their licenses to practice from individual licensing boards or could lose their licenses to practice due to AOD addiction. Referrals are made to assessment and treatment providers. (No specific Statutory Requirement Exists, but is within mission focus / RPP is State Contracted.)

FY 2004-05					
Total	General Funds	Federal Funds	FM	Other Funds	FTEs
\$1,235,596	\$25,758	\$620,934	No	\$588,904	20.60

### Expected Results:

Sustainable Recovery is the overarching expected result. The Bridge: 75% of graduates will remain abstinent from use of alcohol, tobacco and other drugs; 75% of graduates will avoid re-admission to inpatient AOD treatment; 85% of graduates will avoid re-admission to DJJ; 85% of participants who received any service will avoid re-admission to DJJ; 100% of graduates age 15 and under will remain in school or seek a GED; 75% of graduates 16 and older will remain in school or seek a GED; 70% of graduates will increase of life skills - work and gainful employment (state benchmark; the program has been honored nationally for its achievement and held as a national model for outcome delivery); Recovering Professional Program: Increase numbers returning to their profession each year; Reduce by 5% per year individuals who withdraw from services; Maintain successful completion rate (25%) (state benchmark).

### Outcome Measures:

The Bridge: 81% (2003) and 84% (2004) of graduates remained abstinent from use of alcohol, tobacco and other drugs; 85% (2003) and 87% (2004) of graduates avoided re-admission to inpatient AOD treatment; 85% (2003) and 100% (2004) of graduates avoided re-admission to DJJ; 85% (2003) and 87% (2004) of participants who received any service avoided re-admission to DJJ; 100% (2003 and 2004) of graduates age 15 and under remained in school or sought a GED; 70% (2003) and 80% (2004) of graduates 16 and older remained in school or sought a GED; 71% (2003) and 75% (2004) of graduates increased life skills - work and gainful employment. Reasonable Cost Benchmark: \$1000-\$5000, SC Cost in 2004 \$2,421 as compared to one year in DJJ (\$36,500); Recovering Professional Program: Increase numbers returning to their profession each year (2002-2003, a 5% increase / No numbers available for 2004); Reduce by 5% per year individuals who withdraw from services

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(19% - 2002 down to 16% in 2003, held at 16% in 2004); Maintain successful completion rate at 25% (29% 2002 / 28% 2003 / 25% 2004). Reasonable Cost Benchmark: \$1000-\$5000. SC Cost \$1332.45 in 2004. (See note.)

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**1039 Gambling Services**

The department provides gambling information, education and referral services to persons experiencing gambling addictions and operates a toll-free, 24/7 gambling helpline. Additionally the department provides oversight of the treatment process and expenditures for treatment through utilization review of all gambling services. (SC Section 59-150-230 (I); Proviso 12.3, FY2003, 2004 and 2005 Appropriation Acts). Note: First Year of Service.

FY 2004-05					
Total	General Funds	Federal Funds	FM	Other Funds	FTEs
\$16,139	\$0	\$14,449	No	\$1,690	2.50

**Expected Results:**

Through identification and treatment, the expect result includes a reduction in the number and intensity of pathological gambling behaviors and the often disastrous consequences; an increase in the identification and referral of problem gamblers through the 24/7 helpline and increased awareness throughout the state of problems related to gambling; determination of problem vs. pathological gamblers. (Note: First Year of Service. State benchmarks will be based on calendar year 2004 results.)

**Outcome Measures:**

Outcome data shall be obtained by tracking the scores on the South Oaks Gambling Screen (SOGS) and evaluation scores at admission, discharge and follow-up through input into the Knight Information Software (KIS) management information system. The department will be tracking the frequency of calls to the helpline through monthly call logs and summary reports, and determining the success of referring clients to treatment facilities. (Note: The Hotline has seen an increase in calls each month. From April to May, a 190% increase in calls. Of total calls, 31% have resulted in treatment intervention.) Delaware Gambling Cost Benchmark: \$1100 - \$3000 (public and private rate). SC Cost: \$654.00. (See note.)

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**1040 Alcohol and Drug Abuse Administration**

This function provides executive leadership; develops and implements short- and long-term directions, performance expectations and organizational values; supports policy development, review and implementation; and oversees financial services, procurement, personnel services and communication. (SC Code Section 44-49-10 et. seq.) Quality benchmarks noted above.

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	<b>FY 2004-05</b>				
<b>Total</b>	<b>General Funds</b>	<b>Federal Funds</b>	<b>FM</b>	<b>Other Funds</b>	<b>FTEs</b>
\$1,003,724	\$300,536	\$620,193	No	\$82,995	14.56

**Expected Results:**

Sustainable Recovery is the overarching expected result and includes reducing use, reducing abuse and reducing harm. The agency meets set-aside requirements each year; surveys customers for feedback and satisfaction; and completes the annual Youth Access to Tobacco Study, as required by the federal Synar Amendment. Results noted above.

**Outcome Measures:**

The agency has met set-aside requirements each year; maintains customers for feedback and satisfaction at or above 90% each year (100%-2000 / 95%-2001 / 94%-2002 / 100%=2003); and completes the annual Youth Access to Tobacco Study (Purchase rate at 11.7% 2004, well below the 20% mandate). Cost Benchmark: Admin. Costs no more than 5%; SC 2.6% per this spread).

### AGENCY TOTALS

*Department of Alcohol & Other Drug Abuse Services*

<b>TOTAL AGENCY FUNDS</b>	<b>TOTAL GENERAL FUNDS</b>	<b>TOTAL FEDERAL FUNDS</b>	<b>TOTAL OTHER FUNDS</b>	<b>TOTAL FTEs</b>
\$38,828,591	\$5,986,936	\$29,057,402	\$3,784,253	69.51